REMARKS

Claims 1-12, 14-31, 33-48, 50-51, 70-79, 81-82 and 106-107 are pending in the application.

In response to the Examiner's rejection of previous claims 1-12, 18-31, 37-39 and 48 under 35 U.S.C. §101, as being directed to non-statutory subject matter, Applicant has incorporated the limitations previous claims 13, 32 and 49 (which were not objected to under 35 U.S.C. §101) into pending independent claims 1, 21 and 40, respectively. Applicant submits that in view of these amendments, the rejection based on non-statutory subject matter has been overcome.

In response to the Examiner's rejection of previous claims 71 and 79 under 35 U.S.C. §112, second paragraph, Applicant has amended each of these claims to include the phrase "said at least one database," thereby clarifying that claims 71 and 79 further define the "at least one database" recited in claim 70. In response to the Examiner's rejection of previous claims 18, 37 and 106 under 35 U.S.C. §112, second paragraph, Applicant has amended each of these by substituting "storing" for "creating."

In response to the Examiner's rejection of all previous claims as either anticipated by Wizig, or obvious over Wizig in view of Spurgeon, Applicant respectfully submits that the pending claims are neither shown nor suggested by the cited references. Significantly, each of the pending independent claims recites the display of "a plurality of different line items associated with [a] benefit category." An example of such a display is shown on Fig. 22C of the Specification, which shows the following benefit categories: preventative care, physician care, hospital care, emergency care, pharmacy care, alternative care, vision care and behavioral health care services. Rather than teaching

line items associated with a benefit category, Wizig teaches providing a consumer with a list of individual healthcare providers and the subsequent selection of individual health care providers from such a list in order to build a panel of health care providers for the consumer. Simply put, the building of a panel of individually selected health care providers is not the same as, nor does it suggest, consumer selection of line items associated with a benefit category (e.g., preventative care, physician care, hospital care, etc.), as required by each of the pending independent claims.

Also absent from Wizig is the step of "receiving an insurance coverage package selection from the employee, wherein the insurance coverage package corresponds to a benefit type and **automatically** includes coverage under a plurality of benefit categories associated with the benefit type," as set forth in each of the pending independent claims. Thus, in one embodiment of the present invention, the consumer begins the process by selecting a fully functional network, i.e., a network that automatically includes coverage under the plurality of benefit categories. In contrast to Wizig, where the consumer is given the option to exclude network coverage for a given type of physician (see, e.g., Fig. 31 of Wizig where the obstetrician selected is "NONE"), the present invention automatically includes coverage under the plurality of benefit categories. For this further reason, the present claims are clearly distinguishable from Wizig.

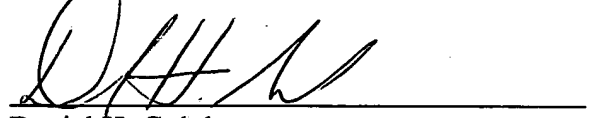
Finally, for each of the plurality of benefit categories, the pending claims recite the step of "simultaneously displaying a plurality of different line items associated with the benefit category to the employee on a user interface ... wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided

under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category." An example of a user-interface simultaneously displaying such information is shown, for example, on Fig. 22C of the Specification. The different co-pay options shown in Fig. 22C correspond to different line items for a given benefit category (e.g., physician care), the co-pay amount for each line item corresponds to the claimed "out-of-pocket cost parameter," and the monthly benefit cost for each line item correspond to the claimed "benefit costs to the employee for purchasing the coverage." Wizig fails to show or suggest the simultaneous display of such information to a consumer on a user-interface, as required by the present claims. For this still further reason, the present claims are distinguishable from Wizig.

In view of the foregoing amendments and remarks, it is respectfully submitted that all independent claims are allowable over the cited references. All dependent claims depend from an allowable base claim, and are therefore also allowable. A Notice of Allowance is earnestly solicited.

The Commissioner is hereby authorized to charge any fee due in connection with this filing, including any fees for extra claims, to Deposit Account 50-0310.

Respectfully submitted,



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